

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51	1				
2		1					52		1			
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47		1					97					
48		1					98					
49		1					99					
50		1					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					